

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 47
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Indiana State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Patterson

Mailing Address 5963 Heaton Pass

City State Zip Code
Carmel IN 46033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2015

Transaction ID : SA11AI.7984

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pamela Peak

Mailing Address 3250 W 100 S

City State Zip Code
Franklin IN 46131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2015

Transaction ID : SA11AI.7955

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. William Pond M.D.

Mailing Address 5730 Autumn Woods Trail

City State Zip Code
Fort Wayne IN 46835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.7916

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00